

RELEASED IN FULL

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A18

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SAQMMAD8F4265

ORDER FOR SUPPLIES OR SERVICES

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER 04/11/2008		2. CONTRACT NO. (if any) SAQMMAD8D0051		3. SHIP TO: CAMEXGSD	
3. ORDER NO. SAQMMAD8F4265		4. REQUISITION/REFERENCE NO. AQ 1044805091		5. NAME OF CONSIGNEE GENERAL SRVCS DIV (CA/EX/GSD)	
5. ISSUING OFFICE (Address correspondence to) OFFICE OF ACQUISITION MANAGEMENT (A/LM/AQM) PO BOX 9115, ROSSLYN STATION US DEPARTMENT OF STATE ARLINGTON, VA 22219				6. STREET ADDRESS 2401 E STREET, NW SA-1, ROOM H1001	
				7. CITY WASHINGTON	
CONTACT NAME: Cornelius Pitts		PHONE: 703-875-6011 EMAIL: PittsC@state.gov		8. STATE DC	
7. TO:		8. ZIP CODE 20520		9. SHIP VIA	
1. NAME OF CONTRACTOR Jonathan Barker		BUSINESS NUMBER 144202843		10. TYPE OF ORDER	
11. COMPANY NAME STANLEY ASSOCIATES INC		11. PURCHASE REFERENCE YOUR Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.		12. DELIVERY - Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to its terms and conditions of the above-numbered contract.	
12. STREET ADDRESS 3101 WILSON BLVD STE 700					
13. CITY ARLINGTON		13. STATE VA		13. ZIP CODE 22201-4445	
14. ACCOUNTING AND APPROPRIATION DATA See Line Items		\$1,000,000.00		15. REQUISITIONING OFFICE GENERAL SRVCS DIV (CA/EX/GSD) 2401 E STREET, NW SA-1, ROOM H1001 WASHINGTON, DC 20520	
16. BUSINESS CLASSIFICATION (Check appropriate box(es))		17. F.O.B. POINT		18. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)	
<input type="checkbox"/> a. SMALL <input type="checkbox"/> b. WOMEN-OWNED <input checked="" type="checkbox"/> c. OTHER THAN SMALL <input type="checkbox"/> d. HUBZone <input type="checkbox"/> e. DISADVANTAGED <input type="checkbox"/> f. EMERGING SMALL BUSINESS <input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED				03/20/2008	
19. PLACE OF		14. GOVERNMENT SA NO.		16. DISCOUNT TERMS 0 Days: 0 Days: 0 Days: 0 Days:	
a. INSPECTION		b. ACCEPTANCE			
17. SCHEDULE (See reverse for Rejections)					

SEE LINE ITEMS SECTION

SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		\$1,000,000.00	1704 TOT. (Cont. pages)
	21. MAIL INVOICE TO:							
	22. NAME GENERAL SRVCS DIV (CA/EX/GSD)						\$1,000,000.00	1705 GRAND TOTAL
	23. STREET ADDRESS (or F.O. Box) 2401 E STREET, NW SA-1, ROOM H1001							
24. CITY WASHINGTON				25. STATE DC	26. ZIP CODE 20520			
27. UNITED STATES OF AMERICA BY (Signature)				28. NAME (Typed) Cornelius Pitts TITLE: CONTRACTING/ORDERING OFFICER				

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION NOT USABLEOPTIONAL FORM 347 (REV. 3/2005)
Prescribed by GSA/FAR 48 CFR 53.218(h)UNITED STATES DEPARTMENT OF STATE
REVIEW AUTHORITY: CHARLES E LAHIGUERA
DATE/CASE ID: 17 SEP 2010 200702174

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Line Item Summary	Contract Number: SAQMMA08D0051	Order Number: SAQMMA08F4265	Title: Task 6 Funding for CPC operational Support	Total Funding: \$1,000,000.00	Date of Order: 04/11/2008
Line Item No.	Description	Quantity	Unit	Unit Price	Total Cost
	Provide incremental funding in the amount of \$1,000,000.00 to cover services for the period covering March 20, 2008 through March 19, 2009 for Task 6 as follows:				
001	Base Year for Passport Services Domestic Support Contract No. SAQMMA08D0051 period of performance through March 19, 2009 for Task 6 Charleston Passport Center Operational Support, CLIN No. 0010. Doc Ref No: 1044805091 Taxes included: Delivery Date (Start to End) Date FOB: 03/20/2008 03/20/2008 to 03/19/2009 Destination Funding Information: Accounting Ref: 1044805091 1900 - 2008 - - 19 X01130008 - CA - 1044 - 4220 - - - 2589 - - - CAR25L - - - 281559 \$1,000,000.00	1.00	LT	\$1,000,000.00	\$1,000,000.00
	GTM for this effort: Tim Wiesnet				
Grand Total:				\$1,000,000.00	

Exhibits and Attachments TOC

Identifier	Title	Date	Number of Pages
1	AQ-1044805091-03212008105515401/March 20, amendment to Task 6.pdf	03/21/2008	0

01TNV Invoice Instructions

12/21/2007

Instructions for invoice payment:

Invoice submission is only via the Office of Claims' Commercial Claims Operations fax server, toll-free

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number: 866-483-3436, unless otherwise indicated. Each invoice must be transmitted separately.

To constitute a proper invoice, the invoice must include the following information and/or attached documentation:

- (1) Name and Address of Contractor
- (2) Dun and Brad Street Universal Number System (DUNS)
- (3) Date of invoice
- (4) Unique Vendor Invoice Number
- (5) Remittance Contact Information
- (6) Shipping Terms, Ship to Address
- (7) Payment Terms
- (8) Total Quantity of Items
- (9) Total Invoice Amount
- (10) Requisition Number, Contract Number and Order/Award Number, with modification number if applicable.
- (11) Order line item number and information, see below line item information instructions.

The name and DUNS of the contractor on the invoice must match the information indicated on the order/award for proper payment.

IMPORTANT: For proper payment, the invoice must detail products and/or services delivered on a line item basis in direct accordance with the corresponding order/award/contract.

Each line item must contain the following information:

- (1) Description of the services rendered for each line item
- (2) Line Item Quantity
- (3) Line Item Unit Price
- (4) Total Line Item Unit Price
- (5) Delivery Date
- (6) Contract Line Item Number (CLIN)
- (7) Order/Award Line Item Number if invoicing against a task or Delivery Order or Blanket Purchase Agreement (BPA)

Please note that many task or delivery orders against Department of State or GSA contracts or blanket purchase agreements may have a separate and unique line item number in addition to the umbrella Contract Line Item Number (CLIN). The order line item number as well as the umbrella award CLIN must be referenced at each invoice line item level in such cases.

All payment to domestic claims will be disbursed by electronic funds transfer EFT. Vendors who are registered in the Central Contractor Registration (CCR) should verify and re-confirm their financial information in the database prior to invoicing. Vendors who wish to request a waiver of CCR or payment by check must submit their justification to their assigned contracting officer for consideration at least 30

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days prior to billing. For vendors who are granted an EFT exception, the payment address on the invoice must match the remittance address in the vendor record cited in the award.

Additional correspondence should be addressed to:

Name:

U.S. Department of State
Global Financial Services
Attn: Office of Claims (RM/GFS/F/C)
Charleston Financial Service Center

Mailing Address:

Post Office Box 150008
Charleston, SC 29415-5008

Telephone Numbers:

Voice: 843-202-3761
Fax: 843-746-0749

Person to Contact: Mike Washington, Office of Claims

Email: WashingtonM@state.gov

Phone: 843-746-3761

To request Payment Status on a Past Due Invoice contact: Office of Claims Customer Service

Email: commercialclaims@state.gov

Phone: 877-704-9473 Toll Free

(End of Clause)

G-003

The Terms and Conditions of the Prompt Payment Act

07/02/2007

The terms and conditions of the Prompt Payment Act (P.L. 97-177 as amended) and OMB Circular A-125 as amended, FOB destination, are applicable to this order. The vendor should expect payment within thirty (30) calendar days after receipt of the vendor's invoice by the Department of State for the purposes of determining a payment due date and the date on which interest will begin to accrue, an invoice shall be deemed to be received on the later of (1) the date a proper invoice is actually received by the Department of State designated billing office, or (2) the seventh day after the date on which the property is actually delivered or performance of the services is actually completed.

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Issuing Office:

U.S. Department of State (A/LM/AQM)

P.O. Box 9115, Rosslyn Station

Arlington, VA 22219-1115

Z-004

Contact Vendor Claims

07/02/2007

Contract vendor claims, Office of Fiscal Operations, telephone 843-202-3891, on payment problems. Have order number, requisition/reference number, invoice number, invoice date, and amount of invoice available. Requisition/reference number is the four digit allotment and six digit obligation number in Block 4. On payment problems relating to BPA's contact appropriate ordering office first.

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